

COLLECTIONS RESEARCH/ACCESS FORM

Sections A and C of this form must be completed, signed and returned before the Museum can consider the appropriate response. Mail to: **Fort Sill Museum, 437 Quanah Road, Fort Sill, Oklahoma 73503-5100.**

NAME: _____ DATE: _____

ORGANIZATION, ADDRESS & PHONE: _____

DESCRIPTION OF MATERIAL YOU WISH TO SEE: _____

PROPOSED DATE (S) OF VISIT: _____

DO YOU WISH TO: (Check all applicable)

- ☐ Use research/archival library.
- ☐ Study material in storage.
- ☐ Study material out of storage.
- ☐ Obtain copies of material from collections.
- ☐ Photograph or illustrate material.
- ☐ Other: _____

STUDY OF MATERIAL IS FOR: (Check all applicable)

- ☐ Publication or paper referring to material from the Museum.
- ☐ Independent research.
- ☐ Academic project. Specify: _____
- ☐ Identification or comparison of objects.
- ☐ Other: _____

In consideration of receiving permission to enter upon the premises, or to request support materials from the Museum for purposes of viewing, studying, publishing, etc. its historical collections, the undersigned agrees to all terms stated herein. Access to the collections is allowed only to the extent authorized by the Museum on this form.

Researchers will abide by all Museum policies and instructions and will adhere to correct handling procedures when working with artifacts. Researchers are also liable for any and all damages to Museum property which results directly or indirectly from improper handling of, or access to, Museum property.

All requests for information, copies, research assistance, etc. must be in writing and include a return address. Responses will be dealt with in a manner consistent with the Museum's

priorities, not the requestor's deadlines or suspenses. The use of Fax, Email, Federal Express and other means of expediting responses for historical research issues will be discouraged.

Researchers will not reproduce any item of Museum property for commercial or private purposes without the express permission of the Museum. A copy of any publication, film or other product based entirely or partly on research using Museum resources will be provided to the Museum. Proper credit will be given to the Fort Sill Museum for said resources.

Visitor/Researcher releases the United States Government, the Department of the Army, the Fort Sill Museum, and all their agents, officers, employees and personnel, of and from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of, or relating to, any loss, damage, death, or injury that may be sustained by the undersigned or any property of the undersigned while on the premises of the Fort Sill Museum for the purpose of the activity stated on this form.

(Signature)

(Date)

STAFF ONLY

DATE REQUEST RECEIVED: _____ ACCESS APPROVED? __ YES __ NO

APPROVED BY: _____ DATE: _____

ACTION OFFICE: _____

AUTHORIZED TO: ☐ Use research/archival library.
☐ Study material in storage.
☐ Study material out of storage.
☐ Obtain copies of material from collections.
☐ Photograph or illustrate material.
☐ Other: _____

DATE (S) AND TIME (S) OF ACCESS: _____

RESTRICTIONS: _____

Staff Signature: _____ Date _____